Please type a plus sign (+) inside this box — ! _ !	01	1/2	9-01		
UTILITY	Attorney Docket I	Vo.	DEP 530		o / 🚍
PATENT APPLICATION	3		Voellmicke et al		33 PT
TRANSMITTAL	First Inventor		Graft Delivery Syste	-m	714
<u>.</u> ⊒.	Title	al Ma			1,6
ັກ 1.53(b))	Express Mail Lab		EE500744299US	Assistant Commission	nortor Bants
APPLICATION ELEMENTS		AUU		Sox Patent Applicati	
See MPEP Chapter 600 concerning utility patent application contents.			Washington, DC 20231		
1.  Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)  2.  Applicant claims small entity status.  3.  Specification [Total Pages 56] (Preferred arrangement set forth below)  - Descriptive Title of the Invention  - Cross Reference to Related Applications  - Statement Regarding Fed sponsored R&D  - Reference to sequence listing, a table, or a computer program listing appendix  - Background of the Invention  - Brief Summary of the Invention  - Brief Description of the Drawings (if filed)  - Detailed Description  - Claim(s)  - Abstract of the Disclosure  4.  Drawing(s)(35 USC 113) [Total Sheets28]  5. Oath or Declaration [Total Pages]  a.  Newly executed (original or copy) b.  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i.  DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6.  Application Data Sheet. See 37 CFR 1.76  18.  If a CONTINUING APPLICATION, check appropriate be preliminary amendment, or in an Application Data Sheet  Continuation Divisional Continuation-in-Part		Soox ander (CIP) oup Art entire	CD-ROM or on puter Program  lucleotide and/Submission (if Computer Read Specification Seign CD-ROM ii.	CD-R in duplicate, in (Appendix) or Amino Acid Section applicable, all necession (CRF) equence Listing on: or CD-R (2 copies); ying identity of above (ING APPLICATION Papers (cover sheet & de (b) Statement Personal Pers	quence sessary)  or e copies  ON PARTS ocument(s)) ower of Attorney applicable) s of IDS  503) ent(s) r 35 U.S.C. 122 ch form
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be					
relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS					
☐ Customer Number or Bar Code Label			or 🛛 C	orrespondence Add	ress below
Name: Philip S. Johnson, Esc	١٠				
Address: Johnson & Johnson	on Diaza				
One Johnson & Johnson Plaza					
New Brunswick, NJ 08933-7003 USA					

One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT
Please direct all telephone calls or telefaxes to Thomas M. DiMauro at:
Telephone: (508) 880-8401 Fax: (508) 828-3789

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME Thomas M. DiMauro Reg. No. 35,490

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Thomas M. DiMauro

Reg. No. 35,490

	Complete if Known		
Application Number			
Filing Date			
First Named Inventor	Voellmicke		
Group Art Unit		Ē	
Examiner Name			
Attorney Docket Number	DEP 530	S 4	
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FEE CALCULATION			
	Application Number Filing Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number	Application Number Filing Date First Named Inventor Voellmicke Group Art Unit Examiner Name Attorney Docket Number DEP 530	

## **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	88 - 20 = 68	68	x 18.00	\$1,224.00
INDEPENDENT CLAIMS	24 - 3 = 21	21	x 80.00	\$1,680.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	
			TOTAL FEES	\$3,614.00

## **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/ / in the amount of \$3,614.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ / . Three copies of this sheet are enclosed.

SUBMITTED E	Complete (if applicable)		
Typed or Printed Name	Thomas M. DiMauro		Reg. No. 35,490
Signature	Thomas M. D. Mans	Date: Jan. 26, 2001	Deposit Account No. 10-0750

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Voellmicke et al.

For

: Graft Delivery System



## Express Mail Certificate

"Express Mail" mailing number: EE500744299US

Date of Deposit:

January 26, 2001

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Karen M. Day

(Typed or printed name of person mailing paper or fee)

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